

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COPY

COVER PAGE

CALIFORNIA  
2001/02  
FORM 460

Date Stamp

OCT 10 2003

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SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7-1-03  
through 9-30-03

Date of election if applicable:  
(Month, Day, Year)

MARCH 2, 2004  
REGISTRAR OF VOTERS  
Deputy

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☒ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1251333

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

FRANKLIN FOR SUPERVISOR

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

714-541-2708

Treasurer(s)

NAME OF TREASURER

DON FRANKLIN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

714-541-2708

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-9-03  
Date

Executed on 10-9-03  
Date

Executed on  
Date

Executed on  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BRETT E. FRANKLIN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

COUNTY BOARD OF SUPERVISORS DISTRICT 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BRETT E. FRANKLIN

Statement covers period  
from 7-1-03  
through 9-30-03

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I.D. NUMBER  
1251333

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 22,800.	\$ 107,919.
2. Loans Received .....	Schedule B, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 22,800	\$ 107,919
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 22,800	\$ 107,919.

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made .....	Schedule E, Line 4	\$ 7519.	\$ 13,852.
7. Loans Made .....	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 7519.	\$ 7519.
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 7519	\$ 7519.

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 81,786.00
13. Cash Receipts .....	Column A, Line 3 above	22,800.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0
15. Cash Payments .....	Column A, Line 8 above	7519.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 97,067.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2

\$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 7-1-03  
through 9-30-03

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BRETT E. FRANKLIN

I.D. NUMBER

1251333

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/03	RUTH ANN MORIARTY [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 1,000.	\$1,000.	
8/1/03	ANN K. BROWNING [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED ATTORNEY	100.	100.	
8/1/03	CHRIS TAYLOR [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.	100.	
8/27/03	LAWRENCE SORBER [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	400.	1400.	
8/28/03	ROBERT H. STOPHER [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	400.	1400.	

SUBTOTAL \$ 2,000.

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.)

\$ 22,700.00

2. Amount received this period – unitemized contributions of less than \$100

\$ 100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ 22,800.00

\*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CON)

Statement covers period  
 from 7-1-03  
 through 9-30-03

**CALIFORNIA FORM 460**

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NAME OF FILER

BRETT E. FRANKLIN

I.D. NUMBER  
1251333

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/03	DON & AILEE PIERCE [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$400.	\$1400.	
8/28/03	HAROLD JOYCE BROWN [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$400.	\$1400.	
8/19/03	STEVEN W. OSMING [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEEK RELEGATE	\$100.	\$100.	
8/21/03	Barbara J. Stewart [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$400.	\$1400.	
8/20/03	CALIF. LOBBY FOR ANIMAL WELFARE [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC	\$500.	\$500.	

SUBTOTAL \$ 1800.

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from 7-1-03  
through 9-30-03

SCHEDULE A (CON)  
**CALIFORNIA FORM 460**

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NAME OF FILER

BRETT E. FRANKLIN

I.D. NUMBER

1251333

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-11-03	WALTER BURNETT, JR [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ALDERMAN CITY OF CHICAGO CHICAGO, ILLINOIS	\$ 500.	\$ 500.	
8-14-03	GUENDA C NEWCOMER [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEOWNER	\$ 100.	\$ 100.	
8-30-03	LOUI ST. PIERRE [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER FIRST CLASS ESCROW	\$ 400.	\$ 1400.	
8-29-03	SCOTT DANA MALLOY [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF MALLOY ENTERPRISE	\$ 1400.	\$ 1400.	
9-2-03	MICHAEL J. HOLZMAN [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF INSURANCE	\$ 100.	\$ 100.	

SUBTOTAL \$ 2500.

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(other than PTY or SCC)  
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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Statement covers period  
 from 7-1-03  
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SCHEDULE A (CON  
**CALIFORNIA**  
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NAME OF FILER

BRETT E. FRANKLIN

I.D. NUMBER

1251333

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/03	ISABEL VARONNA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$400.	\$400.	\$1400.
9/4/03	MARCO ZALATE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$400.	\$400.	\$1400.
9/2/03	TOM'S TRUCK CENTER [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.	\$400.	
9/8/03	BARRY A. COTTE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOUNTAIN HEAD PARTNER/ EXECUTIVE	\$400.	\$1400.	
9/9/03	JOEL SILVERMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$1,000.	\$1,000	

SUBTOTAL \$ 2600.

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       (other than PTY or SCC)  
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 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE A (CON

Statement covers period  
 from 7-1-03  
 through 9-30-03

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NAME OF FILER

BRETT E. FRANKLIN

I.D. NUMBER  
1251333

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/03	DON CREVIER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CREVIER BMW	\$ 400.	1400.	
8/31/03	JILL DAUSANDRO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TENANT SAUSD	\$ 400.	1400.	
9/13/03	RICHARD E. CIRCLE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 400.	1400.	
9/5/03	WARE DISPOSAL INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 400.	1400.	
9/18/03	JOSEPH BARTOLI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF CONTRACTOR	\$ 1,000.	1,000.	

SUBTOTAL \$ 2600.

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 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CON  
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NAME OF FILER

BRETT E. FRANKLIN

I.D. NUMBER  
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/03	DWAYNE KUIHMAN [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF REAL ESTATE	\$ 1,000.	\$ 1,000.	
9/22/03	TITANIT K. NGUYEN [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NEW HOME SALES & MARKETING REAL ESTATE SALES	\$ 1,000.	\$ 1,000.	
9/23/03	JUAN BONILLA [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ELECTORAL SHOP	\$ 250.	\$ 250.	
9/24/03	IRMA SARMIENTO [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FESTIVAL HALL RESTAURANT	\$ 250.	\$ 250.	
9/24/03	VINCENT E. SARMIENTO [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY	\$ 250.	\$ 250.	

SUBTOTAL \$ 2750.

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CON  
**CALIFORNIA FORM 460**

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NAME OF FILER

BRETT E. FRANKLIN

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/03	LESLIE BARTOLI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Summerview Homes	\$1,000.	\$1,000.	
9/25/03	DEBORAH L. FRANKLIN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED WRITER	\$400.	\$1,400.	
9/26/03	SOLAS / CR & R [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.	\$500.	
9/26/03	MARK PRESS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOLD COAST BAKING CO.	\$1400.	\$1400.	
9/26/03	K. LEE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	K. LEE GIFT SHOP	\$350	\$850.	

SUBTOTAL \$ 3650.

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 (other than PTY or SCC)  
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 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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Statement covers period  
from 07-01-03  
through 09-30-03

SCHEDULE A (CON)  
**CALIFORNIA FORM 460**

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NAME OF FILER

BRETT E. FRANKLIN

I.D. NUMBER  
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/03	ROBYN S. STAMMER [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$400.	\$1150.	
9/30/03	TIERRA VERDE INDUSTRIES [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.	\$500.	
9/30/03	EDCO DISPOSAL CORP [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.	\$500.	
9/30/03	DON FRANKLIN [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DON FRANKLIN RECTOR	\$400.	\$1400.	
9/30/03	JEFF ARMOUR [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARMOUR BUILDING Co.	\$1,000	1,000	

SUBTOTAL \$ 2550.

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CON

NAME OF FILER

BRETT E. FRANKLIN

Statement covers period  
 from 07-01-03  
 through 09-30-03

CALIFORNIA FORM 460

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I.D. NUMBER  
 1251333

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/03	ROBERT & MAXINE NEU [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$600.	\$800.	
9/30/03	ROBERT BISNO [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRANSACTION FINANCIAL CORP DEVELOPER	\$400.	\$400.	
9/30/03	LARRY DICK [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RIDDLE APPLIANCE OWNER	\$250.	\$250.	
9/30/03	TAORMINA INDUSTRIES [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.	\$1,000.	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 2250.

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7-01-03</u> through <u>9-30-03</u>		SCHEDULE CALIFORNIA FORM <b>460</b>
		Page <u>13</u> of <u>13</u>
		I.D. NUMBER <u>1251333</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BRETT E. FRANKLIN

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>GLAAD &amp; ASSOCIATES</u> [REDACTED]	<u>CNS</u>		<u>\$ 4135.</u>
<u>SIGN STRATEGIES</u> [REDACTED]	<u>CMP</u>		<u>808.</u>
<u>GLAAD &amp; ASSOCIATES</u> [REDACTED]	<u>CNS</u>		<u>2436.</u>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7379.

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>7379.00</u>
2. Unitemized payments made this period of under \$100	\$ <u>140.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>7519.</u>